

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED			AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1													
2	1												
3	1												
4	1												
5	1	2											
6	1												
7	1												
8	1												
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17	1												
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50													
TOTAL IND. 4							TOTAL IND.						
TOTAL DEP. 24							TOTAL DEP.						
TOTAL CLAIMS 32							TOTAL CLAIMS						